



PUERTO RICO BOARD OF CHIROPRACTIC EXAMINERS

APPLICATION FOR EXAMINATION

FULL NAME: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____
(mm/dd/yyyy)

**SECURELY PASTE A
PASSPORT-TYPE
PHOTOGRAPH IN
THIS SPACE**

AFFIDAVIT

State or of (territory) _____ country of (or city) _____, being duly sworn, says that _____ he (she) is the person referred to in this application and that the statements herein contained are true in every respect, and that the attached photograph is a true likeness of her (his) self-taken within the last six months.

I, hereby authorize the Puerto Rico Board of Chiropractic Examiners to verify my **Chiropractic Information Network-Board Advisors and Decisions Status (CIN-BAD)**.

I hereby expressly waive all provisions of Law forbidding any physician or hospitals, institutions, or organizations, who has attended or examined me or who hereafter attends or examines me from disclosing any knowledge or information which he thereby acquired, and I hereby consent that he may disclose such knowledge or information to the Puerto Rico Board of Chiropractic Examiners regarding with this application.

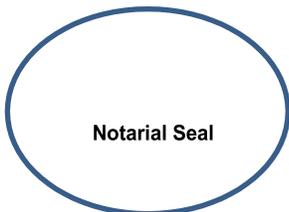
I have carefully read the foregoing application and have answered them completely, without reservation of any kind, I declare penalty of perjury that my answer and all statements made by me herein are true and correct. Should I furnish any false information in this application I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice Chiropractic in Puerto Rico.

**RIGHT THUMB PRINT
(MAY BE SELF-APPLIED)**

If right thumb is missing,
use left.

SWORN TO AND SUBSCRIBED BEFORE ME BY _____,
personally known to me or whom I identified by mean of: _____
In _____, _____ on this _____ day of _____,

AFFIDAVIT NUM: _____



Signature of Applicant

Signature of Public Notary

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PERSONAL INFORMATION OF THE APPLICANT

1. Has your name ever been changed? YES ___ NO ___
If so, give date and place of such change: _____
Give original name: _____
2. Place of birth: _____ Age: _____
3. Are you a citizen of the United States? YES ___ NO ___ (If naturalized, give date and place of naturalization _____).
4. Residential address: _____
Since when: _____
5. Are you fluent in Spanish, both written and spoken? YES ___ NO ___
6. List all jurisdictions in which you have been issued a license to practice Chiropractic: active, inactive or expired. Indicate number and date issued: _____
7. Have you ever been examined by any other licensing Board? YES ___ NO ___ if yes, give location _____
8. Have you ever been denied the privilege of taking an examination before any state, territory, or country licensing? YES ___ NO _____. If yes, explain which state and why? _____
9. Have you been convicted of a violation of/or pledged Nolo Contendere to any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence). YES ___ NO ___ If yes, explain _____
10. Have you ever been denied or voluntarily surrendered your clinical privileges while under investigation, been censured or warned, or requested to withdraw from the staff of any professional school, internship, hospital nursing home, or other health care facility or health care provider? YES ___ NO _____. If yes, explain _____
11. Have you ever had any of the following disciplinary actions taken against your license to practice Chiropractic (DEA permit, state-controlled substances registration if applicable), Medicaid, or any such actions pending (a) suspension revocation (b) probation (c) reprimand/cease and desist (d) had your practice monitored.? If yes, explain _____
12. Have you ever had any membership in a state or local professional society revoked, suspended, or sanctioned? YES ___ NO _____. If yes, explain: _____
13. Have you voluntarily withdrawn from any professional society while under investigation? YES ___ NO _____. If yes, explain _____

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CERTIFICATE OF GOOD MORAL CHARACTER

(To be filled and signed by a registered Chiropractor not related to applicant)

THIS CERTIFIES that I have been personally acquainted with _____
for _____ years, that I know him/her to be of good moral character, and that I hereby
recommend him/her to the Puerto Rico Board Chiropractic Examiners as entirely worthy of
examination for a license to practice Chiropractic pursuant to law.

Name of Chiropractor

SIGNATURE OF AFFIANT

ADDRESS: _____ TELEPHONES: _____

TO BE COMPLETED BY THE PUERTO RICO BOARD OF CHIROPRACTIC EXAMINERS

(Please don't write in these spaces)

DATE THIS APPLICATION WAS RECEIVED: _____

_____**APPLICATION APPROVED** _____**APPLICATION DENIED**

REASON: _____

APPLICATION EVALUATED BY:

President

Vice President

Member

LICENSE NUM: _____

DATE: _____

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CLAIM HISTORY SHEET

If you answered YES to question #14 on page two (2) of the application, please either have your attorney submit a letter regarding malpractice suites and completed one of these sheets for each case you have been involved in.

(Make additional copies of this form as needed)

Applicant Name: _____

Claimant: _____

Date of Incident: _____ **Date Claim Made:** _____

Name of all defendants, persons or entities against who claim was made: _____

City, Country and State of Suit: _____

Name and Address of defense attorney:

Statement amount (If any): _____ **Verdict Amount:** _____ **Date case closed:** _____

Current status of claim (Indicate insurance company reserve if case is not closed): _____

Name of involved Insurance Company: _____

Policy Number: _____ **Detailed description of claim (use reverse side if necessary):** _____

AUTORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any person, company, insurer, hospital or other organization to release any and all information, privilege, or in their dominion, custody, or control, regarding insurance applications by me, professional liability issued to me, as well as information abstained by any attorneys who are now representing me or have in the past represented me

DATE

PRINT NAME

SIGNATURE

PUERTO RICO BOARD OF CHIROPRACTIC EXAMINERS



AUTORIZATION FOR RELEASE OF INFORMATION

I authorize

I do not authorize

...the Department of Health to offer information regarding my professional license status to employers, private or government agencies, educational institutions, professional institutions, health insurance companies, malpractice insurance companies and examining boards.

NAME

DATE

SIGNATURE

PUERTO RICO BOARD OF CHIROPRACTIC EXAMINERS



REQUIREMENTS TO PRESENT WITH THIS APPLICATION

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION

Documents must be presented all at once. Transcripts must be sent directly by educational or examining institutions by postal service to the postal address in this application.

1. **Official** application for examination dully fulfilled and with all requirements included.
2. **Official** transcript sealed and unopened from the University or College where you completed your bachelor's degree.
3. **Official** transcript sealed and unopened from the University where you complete your Chiropractic degree.
4. **Official** copy of Doctor of Chiropractic Diploma.
5. **Official** copy of bachelor's Diploma.
6. **Official** sealed and unopened National Board of Chiropractic Examiners Transcript. (Parts I, II, III, IV (PT and Acupuncture, if taken).
7. **Specialties**. A certification from any specialty, diplomat and /or fellowship from any recognized association and/or council (ACA, ICA or any other) if applicable.
8. **Original** and a copy of the Birth Certificate. (PR Law 191-2009)
9. Evidence of U.S. Citizenship. (Passport, Birth Certificate, Visa or proof of Alien Status) and a valid unexpired identification (driver's license, state identification card, passport).
10. **Original** Certificate of Penal Record from your State Police or State Law Enforcement Agency where you have been living during the last six (6) months.
11. **Original** Certificate of "No Outstanding Fees for Child Alimony" from your State and Family Health Department.

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REQUIREMENTS TO PRESENT WITH THIS APPLICATION (Continuation)

12. Three (3) **original** letters of recommendation (with letterhead).
One must be from an active licensed Doctor of Chiropractic with active practice in Puerto Rico. The other two recommendation letters can be from active Doctor of Chiropractic Practicing outside of Puerto Rico. (Letters must have a headline with the doctor's information, the license number and must be signed).
13. **Copy** of current Cardiopulmonary Resuscitation (CPR) card and/or certificate.
14. Evidence of malpractice carrier coverage (if applicable).
15. Postal or Bank Money order, ATH, VISA, MASTERCARD, or certified check for the amount of **\$100.00** (US Currency) payable to the Secretary of Treasury of Puerto Rico. (***Fee is non-refundable***).
16. Two envelopes with post stamp and your postal address.
17. Application **must** be submitted personally or by certified mail to the following address:

**PUERTO RICO BOARD OF CHIROPRACTIC EXAMINERS
PO BOX 10200
SAN JUAN, PR 00908-0200**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Application must be received **on or before** the due date published in the official press announcement.

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